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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Contractors Bonding and Insurance Company
<b>TOI/Sub-TOI:</b>	17.1 Other Liability-Occ Only/17.1001 Commercial General Liability		
<b>Product Name:</b>	GL 2.0		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Contractors Bonding and Insurance Company
Product Name:	GL 2.0
State:	District of Columbia
TOI:	17.1 Other Liability-Occ Only
Sub-TOI:	17.1001 Commercial General Liability
Filing Type:	Form
Date Submitted:	09/02/2015
SERFF Tr Num:	RLSC-130217657
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	CBIC-DC-GL-F-15-01
Effective Date	10/01/2015
Requested (New):	
Effective Date	10/01/2015
Requested (Renewal):	
Author(s):	Sylvia Walker, Tom Drucker, Cathy Barker, Anne Kurt
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** Contractors Bonding and Insurance Company  
**TOI/Sub-TOI:** 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability  
**Product Name:** GL 2.0  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Domicile Status Comments: We are filing simultaneously in our state of domicile.  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/02/2015  
State Status Changed: Deemer Date:  
Created By: Sylvia Walker Submitted By: Sylvia Walker  
Corresponding Filing Tracking Number: CBIC-DC-GL-RR-15-01

### Filing Description:

Contractors Bonding and Insurance Company (CBIC) has traditionally insured surety risks for license and contract bonds in your district. We now wish to enter the property and casualty market and begin writing commercial insurance policies, including Commercial General Liability. Our primary market will be preferred risks within select classes of business.

CBIC is affiliating with the Insurance Services Office for loss costs, rules and forms for general liability and is granting authorization for ISO to file on our behalf in your district.

We will be adopting the latest version of all ISO forms and endorsements filed for use with a general liability policy.

In addition, we are filing our company specific forms and endorsements to be used in your district.

We trust that the enclosed material satisfies your Department's form filing requirements for Commercial General Liability. The required filing fee has been submitted via EFT. If there are questions regarding this material or anything additional is necessary, please do not hesitate to contact me either directly through SERFF or as indicated below prior to taking any adverse action with regard to this submission. Thank you for your time and attention on this submission.

Thank you,

Sylvia Walker  
1-844-237-8197  
sylvia.walker@rlicorp.com

## Company and Contact

### Filing Contact Information

Sylvia Walker, IDA Administrator	Sylvia.Walker@rlicorp.com
4012 Twilight Drive South	844-237-8197 [Phone]
Fort Worth, TX 76116	309-689-2047 [FAX]

**State:** District of Columbia**Filing Company:** Contractors Bonding and Insurance Company**TOI/Sub-TOI:** 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability**Product Name:** GL 2.0**Project Name/Number:** /**Filing Company Information**

Contractors Bonding and

Insurance Company

P.O. Box 9271

Seattle, WA 98109

(206) 628-7200 ext. [Phone]

CoCode: 37206

Group Code: 783

Group Name: RLICorp

FEIN Number: 91-1082952

State of Domicile: Illinois

Company Type: Property &amp;

Casualty

State ID Number:

**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company:

Contractors Bonding and Insurance Company

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		COMMON POLICY DECLARATIONS	RML 100	06 15	DEC	New			RML 100 0615 Common Policy Dec.pdf
2		NOTICE - HOW TO REPORT A CLAIM	RML 2131	06 15	DSC	New			RML 2131 0615 Report a Claim Notice.pdf
3		FORMS SCHEDULE - INTERLINE	RML 2150	06 15	DEC	New			RML 2150 0615 Forms Sched.pdf
4		LOCATION SCHEDULE	RML 500	06 15	DEC	New			RML 500 0615 Location Sched.pdf
5		SIGNATURE PAGE	RML 0001	06 15	DEC	New			RML 0001 0615 Signature Page.pdf
6		NAMED INSURED ENDORSEMENT	RML 300	06 15	END	New			RML 300 0615 Named Insured Endorsment.pdf
7		DISCRIMINATION EXCLUSION	RML 302	08 15	END	New			RML 302 0815 Discrimination Exclusion.pdf
8		WAIVER OF IMMUNITY - PORT AUTHORITY OF NEW YORK AND NEW JERSEY	RML 303	08 15	END	New			RML 303 0815 Waiver of Immunity - Port Authority of New York and New Jersey.pdf
9		EXCLUSION - DESIGNATED ENTITY	RML 304	08 15	END	New			RML 304 0815 Exclusion - Designated Entity.pdf
10		SCHEDULED JOINT VENTURE ENDORSEMENT	RML 305	08 15	END	New			RML 305 0815 Scheduled Joint Venture Endorsement.pdf
11		ASBESTOS EXCLUSION	RML 306	08 15	END	New			RML 306 0815 Asbestos Exclusion.pdf

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
12		LEAD EXCLUSION	RML 307	08 15	END	New			RML 307 0815 Lead Exclusion.pdf
13		NON-STACKING OF LIMITS	RML 308	08 15	END	New			RML 308 0815 Non-Stacking of Limits.pdf
14		TOXIC SUBSTANCES EXCLUSION	RML 309	08 15	END	New			RML 309 0815 Toxic Substances Exclusion.pdf
15		GENETIC ENGINEERING EXCLUSION	RML 310	08 15	END	New			RML 310 0815 Genetic Engineering Exclusion.pdf
16		NANOTECHNOLOGY EXCLUSION	RML 312	08 15	END	New			RML 312 0815 Nanotechnology Exclusion.pdf
17		GENERAL LIABILITY DECLARATIONS	RGL 100	06 15	DEC	New			RGL 100 0615 General Liability Declarations.pdf
18		GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS	RGL 110	06 15	DEC	New			RGL 110 0615 General Liability Supplemental Dec.pdf
19		RAILROAD PROTECTIVE LIABILITY DECLARATIONS	RGL 100 RP	06 15	DEC	New			RGL 100 RP 0615 RRP Dec.pdf
20		OWNERS AND CONTRACTORS PROFESSIONAL LIABILITY DECLARATIONS	RGL 100 OC	06 15	DEC	New			RGL 100 OC 0615 OCP Dec.pdf
21		LIQUOR LIABILITY DECLARATIONS	RGL 100 LL	06 15	DEC	New			RGL 100 LL 0615 LIQUOR LIABILITY DECLARATIONS .pdf
22		FORMS SCHEDULE - GENERAL LIABILITY	RGL 2150	06 15	DEC	New			RGL 2150 0615 Forms Sched.pdf

SERFF Tracking #:

RLSC-130217657

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Company Tracking #:

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
23		NOTICE OF CANCELLATION OR NONRENEWAL INCLUDING NONPAYMENT OF PREMIUM - DESIGNATED PERSON OR ORGANIZATION	RGL 2107	08 15	END	New			RGL 2107 0815 Notice of Cancellation or Nonrenewal Including Nonpayment of Premium Designated Person or Organization.pdf
24		NOTICE OF CANCELLATION OR NONRENEWAL - DESIGNATED PERSON OR ORGANIZATION	RGL 2108	08 15	END	New			RGL 2108 0815 Notice of Cancellation or Nonrenewal - Designated Person or Organization.pdf
25		GENERAL LIABILITY ENHANCEMENT ENDORSEMENT	RGL 300	06 15	END	New			RGL 300 0615 General Liability Enhancement.pdf
26		EXCLUSION - EARTH MOVEMENT	RGL 302	08 15	END	New			RGL 302 0815 Exclusion - Earth Movement.pdf
27		LIMITATION OF COVERAGE TO DESIGNATED WORK	RGL 303	08 15	END	New			RGL 303 0815 Limitation of Coverage to Designated Work.pdf
28		EXCLUSION - SYNTHETIC STUCCO AND OTHER SIDING	RGL 304	08 15	END	New			RGL 304 0815 Exclusion - Synthetic Stucco and Other Siding.pdf
29		LIMITED EXCLUSION - PERSONAL INJURY COVERAGE	RGL 305	08 15	END	New			RGL 305 0815 Limited Exclusion - Personal Injury Covg.pdf

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
30		AMENDMENT OF LIMITS - PRODUCTS/COMPLETE D OPERATIONS HAZARD FOR MOISTURE RELATED DETERIORATION	RGL 306	08 15	END	New			RGL 306 0815 Amendment of Limits - Moisture Related Deterioration.pdf
31		LIMITED EXCLUSION - BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE	RGL 307	08 15	END	New			RGL 307 0815 Limited Exclusion - BI and PD.pdf
32		ELECTROMAGNETIC RADIATION EXCLUSION	RGL 308	08 15	END	New			RGL 308 0815 Exclusion - Electromagnetic Radiation.pdf
33		RESIDENTIAL SUBDIVISION / HOUSING TRACT EXCLUSION	RGL 309	08 15	END	New			RGL 309 0815 Residential Subdivision Housing Tract Exclusion.pdf
34		EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP UP) INSURANCE PROGRAM	RGL 310	08 15	END	New			RGL 310 0815 Exclusion - Designated Operations-Wrap Up Insurance.pdf
35		CHINESE DRYWALL AND CHINESE GYPSUM EXCLUSION	RGL 311	08 15	END	New			RGL 311 0815 Chinese Drywall and Chinese Gypsum Excl.pdf
36		AMENDMENT OF OTHER INSURANCE - EXCESS PROVISION (CONTRACTS)	RGL 312	08 15	END	New			RGL 312 0815 Amendment of Other Insurance - Contracts.pdf
37		PERSONAL AND ADVERTISING INJURY DEFINITION - LIMITED	RGL 313	08 15	END	New			RGL 313 0815 Personal And Advertising Injury Definition - Limited.pdf

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38		EXCLUSION - DESIGNATED OPERATIONS	RGL 314	08 15	END	New			RGL 314 0815 Exclusion - Designated Operations.pdf
39		PROFESSIONAL SERVICES EXCLUSION AND DEFINITION	RGL 315	08 15	END	New			RGL 315 0815 Professional Services Exclusion and Definition.pdf
40		PRESERVATION OF GOVERNMENTAL IMMUNITY	RGL 316	08 15	END	New			RGL 316 0815 Preservation of Governmental Immunity.pdf
41		OTHER INSURANCE ENDORSEMENT FOR PROFESSIONALS	RGL 318	08 15	END	New			RGL 318 0815 Other Insurance Endorsement For Professionals.pdf
42		PROFESSIONAL SERVICES EXCLUSION AND DEFINITION (OCP/RRP)	RGL 319	08 15	END	New			RGL 319 0815 OCP RRP Professional Services Exclusion and Definition.pdf
43		BLANKET ADDITIONAL INSURED - INCLUDING COMPLETED OPERATIONS HAZARD	RGL 350	06 15	END	New			RGL 350 0615 Addl Insured Where Required by Contract.pdf
44		BLANKET ADDITIONAL INSURED - BROAD FORM	RGL 351	06 15	END	New			RGL 351 0615 Blanket Additional Insured - Broad Form.pdf
45		SCHEDULED ADDITIONAL INSURED - BROAD FORM	RGL 352	06 15	END	New			RGL 352 0615 Scheduled Additional Insured - Broad Form.pdf



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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
46		SCHEDULED ADDITIONAL INSURED - BROAD FORM B	RGL 353	08 15	END	New			RGL 353 0815 Scheduled Additional Insured - Broad Form B.pdf
47		ADDITIONAL INSURED FOR PROFESSIONALS - ONGOING OPERATIONS - SCHEDULED CONTRACTOR OR OWNER	RGL 354	08 15	END	New			RGL 354 0815 Addl Insd for Professionals-Ongoing Operations.pdf
48		ADDITIONAL INSURED FOR PROFESSIONALS - PRODCUTS/COMPLETE D OPERATIONS - SCHEDULED CONTRACTOR OR OWNER	RGL 355	08 15	END	New			RGL 355 0815 Addl Insd for Professionals-Completed Operations.pdf
49		ADDITIONAL INSURED - SCHEDULED OWNERS, LESSEES OR CONTRACTORS	RGL 356	08 15	END	New			RGL 356 0815 Additional Insured - Scheduled Owner, Lessees or Contractors.pdf
50		ADDITIONAL INSURED - SCHEDULED OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS	RGL 357	08 15	END	New			RGL 357 0815 Additional Insured - Scheduled Owner, Lessees or Contractors-Comp Ops.pdf
51		CHANGE ENDORSEMENT	RML 2100	08 15	END	New			RML 2100 08 15 Change Endorsement.pdf
52		POLICY CHANGE ENDORSEMENT	RML 2101	08 15	END	New			RML 2101 08 15 Policy Change Endorsement.pdf
53		OFFER OF CERTIFIED ACTS OF TERRORISM COVERAGE	RUW 20313P	08 15	DSC	New			RUW 20313P 08 15 Offer of Terrorism.pdf

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
54		CERTIFIED ACTS OF TERRORISM CURRENTLY PROVIDED - RIGHT TO REJECT	RUW 20000	08 15	DSC	New			RUW 20000 08 15 Certified Acts of Terrorism - Right to Reject.pdf
55		CERTIFIED ACTS OF TERRORISM PREVIOUSLY REJECTED - RIGHT TO PURCHASE	RUW 20001	08 15	DSC	New			RUW 20001 08 15 Certified Acts of Terrorism - Right to Purchase.pdf
56		AMENDMENT OF INSURED CONTRACT DEFINITION - ADVISORY NOTICE TO POLICYHOLDERS	CG P 003	07 04	DSC	New			CGP0037N.pdf
57		EXCLUSION - SILICA OR SILICA-RELATED DUST - ADVISORY NOTICE TO POLICYHOLDERS	CG P 006	03 05	DSC	New			CGP0063O.pdf
58		U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") - ADVISORY NOTICE TO POLICYHOLDERS	IL P 001	01 04	DSC	New			ILP0011N.pdf
59		DISTRICT OF COLUMBIA FRAUD STATEMENT	IL N 026	06 09	DSC	New			DC FRAUD STATEMENT.pdf

## Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

<Logo>

A Stock Insurance Company

# COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

9025 N. Lindbergh Drive  
Peoria, IL 61615  
(800) 331-4929

Insurance Company Name

DECLARATION EFFECTIVE

Policy Number:

Agent #

Named Insured and Mailing Address

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_ at 12:01 A.M., Standard Time at your mailing address shown above.

Business Description:

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	\$
Commercial General Liability Coverage Part	\$
Commercial Auto Coverage Part	\$
Crime and Fidelity Coverages	\$
Commercial Inland Marine Coverage Part	\$
Commercial Liability Umbrella	\$
Miscellaneous	\$
Taxes, Fees, Surcharges	\$
TOTAL	\$

Premium shown is payable at inception

**FORMS(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE:\***  
**Refer To Forms Schedules**

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersignature Date

Authorized Representative

<LOGO>

## NOTICE TO OUR INSURED AND THEIR AGENTS OF OUR CLAIM NOTIFICATION PROCEDURE

As part of our continuing effort to provide you with the best service available,  
ALL CLAIMS, OCCURRENCES, INCIDENTS, LAWSUITS  
under this policy are to be reported immediately to:

**Insurance Company Name  
P.O. Box 3736  
9025 N. Lindbergh Drive  
Peoria, IL 61612-3736**

**Phone: (877) 863-5095  
Fax: (877) 863-4352**

**Email: First.Report@rlcorp.com**

ALL LOSSES must be reported in the usual manner as well, to your AGENT or  
BROKER.

Below is a "cut-out" card to keep in your wallet or with your business papers.

We pledge to continue upgrading our services to our valued policyholders.

Sincerely,



Donald J. Driscoll  
Vice President, Claim Department

CUT ALONG DOTTED LINE

Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_

**Insurance Company Name  
P.O. Box 3736  
9025 N. Lindbergh Drive  
Peoria, IL 61612-3736  
Phone: (877) 863-5095  
Fax: (877) 863-4352  
Email: First.Report@rlcorp.com**

Keep this card with you or in a safe place.

Insurance Company Name

POLICY NUMBER:

COMMERCIAL POLICY

## **APPLICABLE FORMS AND ENDORSEMENTS**

FORMS AND ENDORSEMENTS LISTED BELOW APPLY TO AND ARE MADE PART OF THIS POLICY AT TIME OF ISSUE.

FORMS APPLY IN ALL STATES UNLESS DESCRIBED OTHERWISE IN THE FORM OR IN THE "APPLICABLE IN" COLUMN BELOW.

<b>Form Number</b>	<b>Title</b>	<b>Applicable In</b>
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LOCATIONS SCHEDULE

POLICY NUMBER:

AGENT:  
#

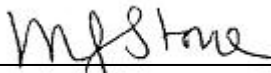
LOCATIONS						
PREMS NO.	BLDG NO.	STREET	CITY	COUNTY	ST	ZIP

Policy Number:

Insurance Company Name

In witness whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representatives.

  
Corporate Secretary

  
President & COO

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NAMED INSURED ENDORSEMENT**

Named Insured includes the following entities in addition to the person or organization shown on the Common Policy Declarations:

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DISCRIMINATION EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury," or medical payments arising out of discrimination based on, but not limited to, race, color, creed, sex, religion, age, weight, national origin, gender, handicap, familial preference, or sexual preference.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF IMMUNITY PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY**

For any claim or “suit” seeking damages for “bodily injury”, “property damage” or “personal and advertising injury” to which coverage under this policy applies we agree that we will not, without obtaining express advance written permission from the Counsel to PATH or General Counsel of the Port Authority, raise any defense involving in any way:

- 1.** The jurisdiction of the tribunal over the person of PATH or the Port Authority;
- 2.** The immunity of PATH or the Port Authority, it’s Directors, Commissioners, officers, agents or employees;
- 3.** The governmental nature of PATH or the Port Authority; or
- 4.** The provisions of any statutes respecting “suits” against PATH or the Port Authority.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – DESIGNATED ENTITY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY

### **Schedule**

Description of Designated Entity:

This insurance does not apply to any “bodily injury”, “property damage”, medical expenses or “personal and advertising injury” arising out of any operations of the designated entity described in the schedule above.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SCHEDULED JOINT VENTURE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY

### **Schedule**

Joint Venture:

1. The last paragraph of **Who Is An Insured** is deleted in its entirety and replaced by the following:

No person or organization is an insured with respect to the conduct of any current or past joint venture or partnership that is not shown as a Named Insured in the Declarations. However this limitation does not apply to liability of a Named Insured with respect to any joint venture in which the Named Insured is a member:

- a. That is shown in the schedule on this endorsement, and
  - b. Solely for liability of the Named Insured for "bodily injury", "property damage" or "personal and advertising injury" caused by the Named Insured's conduct in the joint venture shown in the schedule.
2. The insurance provided by this endorsement does not apply to any liability for "bodily injury", "property damage" or "personal and advertising injury" caused by the conduct of any other member of the joint venture shown in the schedule that is not a Named Insured.
  3. The insurance provided by this endorsement shall be excess and noncontributory over any other insurance available to the Named Insured covering the joint venture, whether primary, excess, contingent, or on any other basis.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ASBESTOS EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESSOWNERS COVERAGE FORM - SECTION II - LIABILITY

The following exclusion is added:

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury," or medical payments arising out of:

1. Asbestos, asbestos fibers or asbestos products or to any obligation of the insured to indemnify another and/or contribute with another because of damages arising out of, or as a result of such "bodily injury," "property damage," "personal and advertising injury," or medical payments;
2. Any supervision, instructions, recommendations, notices, warnings, testing, monitoring or advice given or which should have been given in connection with the manufacturing, selling, renting, consulting, removal, demolition, and/or distributing of asbestos, asbestos fibers or asbestos products or products or premises containing asbestos;
3. Removal of asbestos or products containing asbestos including:
  - a. Cost of asbestos removal and replacement with other fire retardant materials;
  - b. "Property damage" in the course of removing asbestos, asbestos fibers or asbestos products.
4. Any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of asbestos, asbestos fibers, or asbestos products; or
5. Any loss, cost or expense arising out of any claim or "suit" by or on behalf of a governmental authority for damages, because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of asbestos, asbestos fibers, or asbestos products.

In addition, we shall not be obligated to investigate, to pay any claim or judgment or to defend any "suit" for "bodily injury," "property damage," "personal and advertising injury," or medical payments caused by, resulting from or arising out of asbestos, asbestos fibers or asbestos products.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LEAD EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESSOWNERS COVERAGE FORM - SECTION II – LIABILITY

The following exclusion is added:

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury," or medical payments arising out of:

1. The ingestion, inhalation or absorption of lead in any form or to any obligation of the insured to indemnify another and/or contribute with another because of damages arising out of, or as a result of such "bodily injury," "property damage," "personal and advertising injury," or medical payments;
2. Any supervision, instructions, recommendations, notices, warnings, testing, monitoring or advice given or which should have been given in connection with the manufacturing, selling, renting, consulting, removal, demolition and/or distributing of lead or products or premises containing lead;
3. Removal of lead or products containing lead, including "property damage" in the course of removing lead;

4. Any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of lead; or

5. Any loss, cost or expense arising out of any claim or "suit" by or on behalf of a governmental authority for damages, because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of lead.

In addition, we shall not be obligated to investigate, to pay any claim or judgment or to defend any "suit" for "bodily injury," "property damage," "personal and advertising injury," or medical payments caused by, resulting from or arising out of the ingestion, inhalation or absorption of lead in any form.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

## **NON-STACKING OF LIMITS**

Coverage Parts included in this policy are subject to the following:

- A.** If more than one Coverage Part or policy issued by us applies to the same accident, loss, injury, occurrence, claim or suit, the aggregate maximum Limit of Insurance under all Coverage Parts or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Part or policy. The limit under that Coverage Part or policy will be inclusive of the lower limit in the other Coverage Part(s) or policy(s), not in addition to them.
- B.** If more than one item of insurance in the same Coverage Part applies to the same accident, loss, injury, occurrence, claim or suit, the aggregate maximum we will pay for that accident, loss, injury, occurrence, claim or suit is the highest Limit of Insurance applicable to any one item. The limit under that item will be inclusive of the lower limits, not in addition to them.
- C.** This endorsement does not apply to any Coverage Part or policy issued by us specifically to apply as excess or umbrella insurance over these Coverage Parts.
- D.** This endorsement does not apply to Uninsured or Underinsured Motorists Coverage.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **TOXIC SUBSTANCES EXCLUSION**

This endorsement modifies insurance provided under the following:

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to:

“Bodily injury,” “property damage,” personal and advertising injury or medical payments arising out of:

1. The actual, alleged or threatened exposure to, consumption of, inhalation of, contact with, absorption of, existence of, or presence of “toxic substances” or “toxic substance” containing products;
2. The actual or alleged failure to warn, advise or instruct regarding “toxic substances” or “toxic substance” containing products; or
3. The actual or alleged failure to prevent exposure to “toxic substances” or “toxic substance” containing products.

For the purpose of this endorsement, “toxic substances” are defined as any substance which is, or is alleged to be, toxic or injurious to persons or property. “Toxic substances” include, but are not limited to, those substances identified as toxic substances by the Agency for Toxic Substances & Disease Registry. “Toxic substances” may be solid, liquid, plasma, or gas.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **GENETIC ENGINEERING EXCLUSION**

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
BUSINESSOWNERS COVERAGE FORM – SECTION II – LIABILITY

This insurance does not apply to:

- (1) “Bodily injury”, “property damage”, “personal and advertising injury” arising from “genetic engineering” of agricultural or food products; or
- (2) Any loss, cost or expense arising out of any:
  - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects from “genetic engineering”; or
  - (b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of “genetic engineering”.

“Genetic engineering” means the process of selectively modifying genetic information in a living organism. The term “genetic engineering” can be interchanged with other terms including but not limited to genetically engineered, genetically modified, genetically altered, recombinant and transgenic so that it is broadly interpreted.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NANOTECHNOLOGY EXCLUSION**

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
BUSINESSOWNERS COVERAGE FORM – SECTION II – LIABILITY

This insurance does not apply to:

- (1) "Bodily injury", "property damage", "personal and advertising injury" arising from "nanotechnology", or the use, incorporation or effects of "nanotechnology"; or
- (2) Any loss, cost or expense arising out of any:
  - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects from "nanotechnology"; or
  - (b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "nanotechnology".

"Nanotechnology" means any fabrication technology in which objects are designed and built by the specification and placement of individual atoms or molecules or where at least one dimension is on a scale of nanometers.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

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# COMMERCIAL GENERAL LIABILITY DECLARATIONS

## Insurance Company Name

9025 N. Lindbergh Drive  
Peoria, IL 61615  
(800) 331-4929

Policy Number:

Agent #

☐ See Supplemental Declarations

### LIMITS OF INSURANCE

\$ \_\_\_\_\_ Each Occurrence Limit  
\$ \_\_\_\_\_ Damage to Premises Rented to You Limit (Any One Premises)  
\$ \_\_\_\_\_ Medical Expense Limit (Any One Person)  
\$ \_\_\_\_\_ Personal & Advertising Injury Limit (Any One Person or Organization)  
\$ \_\_\_\_\_ General Aggregate  
\$ \_\_\_\_\_ Products/Completed Operations Aggregate Limit

### FORM OF BUSINESS:

☐ Individual    ☐ Partnership    ☐ Joint Venture    ☐ Trust    ☐ Other \_\_\_\_\_  
☐ Limited Liability Company    ☐ Organization, Including A Corporation

Location of All Premises You Own, Rent or Occupy:

**AUDIT PERIOD (If Applicable):**    ☐ Annually    ☐ Semi-Annually    ☐ Quarterly    ☐ Monthly

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

State Tax or Other (If Applicable)    \$

\$

Endorsement Premium    \$

Total Premium for this Coverage Part (Subject to Audit)    \$

**FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:**

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## COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

**Insurance Company Name**

9025 N. Lindbergh Drive  
Peoria, IL 61615  
(800) 331-4929

Policy Number:

Agent #

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.

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# RAILROAD PROTECTIVE LIABILITY DECLARATIONS

POLICY NUMBER:

<b>Insurance Company Name</b> 9025 N. Lindbergh Drive Peoria, IL 61615 (800) 331-4929	Agent:
NAMED INSURED: _____	
MAILING ADDRESS: _____	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	
JOB LOCATION: _____	
DESIGNATED CONTRACTOR: _____	
MAILING ADDRESS: _____	
NAME AND ADDRESS OF INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY: _____	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT	\$ _____
AGGREGATE LIMIT	\$ _____

DESCRIPTION OF OPERATIONS	
DESCRIPTION OF OPERATIONS: _____	
_____	
_____	

CLASSIFICATION AND PREMIUM					
CLASSIFICATION	CODE NO.	PREMIUM BASE CONTRACT COST	RATE	ADVANCE PREMIUM	
		\$ _____	\$ _____	\$ _____	
				STATE TAX OR OTHER (if applicable) \$ _____	
				TOTAL PREMIUM \$ _____	
PREMIUM SHOWN IS PAYABLE:		AT INCEPTION		\$ _____	
		AT EACH ANNIVERSARY		\$ _____	
		(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)			
AUDIT PERIOD (IF APPLICABLE)		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS
_____
_____
_____

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Countersigned:	By:
(Date)	(Authorized Representative)

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# OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS

POLICY NUMBER:

<b>Insurance Company Name</b> 9025 N. Lindbergh Drive Peoria, IL 61615 (800) 331-4929	Agent:
NAMED INSURED: MAILING ADDRESS:  POLICY PERIOD: FROM TO AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE LOCATION OF COVERED OPERATIONS:  DESIGNATED CONTRACTOR:  MAILING ADDRESS:	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT	\$
AGGREGATE LIMIT	\$

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

CLASSIFICATION AND PREMIUM					
CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE PER 1,000 OF COST	ADVANCE PREMIUM	
		\$	\$	\$	
		STATE TAX OR OTHER (if applicable)		\$	
		TOTAL PREMIUM (SUBJECT TO AUDIT)		\$	
PREMIUM SHOWN IS PAYABLE:		AT INCEPTION		\$	
		AT EACH ANNIVERSARY		\$	
		(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)			
AUDIT PERIOD (IF APPLICABLE)		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Countersigned:	By:
(Date)	(Authorized Representative)



# LIQUOR LIABILITY COVERAGE DECLARATIONS

9025 N. Lindbergh Drive  
Peoria, IL 61615  
(800) 331-4929

Agent #

Each Common Cause Limit	\$
Aggregate Limit	\$

This insurance does not apply to "bodily injury" or "property damage" which occurs before the retroactive date, if any shown above.

☐ Individual
 ☐ Partnership
 ☐ Joint Venture
 ☐ Limited Liability Company

☐ Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company)
 ☐ Other:

**Location** of All Premises You Own, Rent or Occupy:

Classifications	Code No.	Premium Base	Rate	Advance Premium
				\$
				\$
				\$
				\$
				\$
			State Tax or Other (If Applicable)	\$
			Total Premium for this Coverage Part (Subject to Audit)	\$

**AUDIT PERIOD (If Applicable):** ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Countersignature Date

Authorized Representative

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

## APPLICABLE FORMS AND ENDORSEMENTS

FORMS AND ENDORSEMENTS LISTED BELOW APPLY TO AND ARE MADE PART OF THIS POLICY AT TIME OF ISSUE.

FORMS APPLY IN ALL STATES UNLESS DESCRIBED OTHERWISE IN THE FORM OR IN THE "APPLICABLE IN" COLUMN BELOW.

Form Number	Title	Applicable In
-------------	-------	---------------

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTICE OF CANCELLATION OR NONRENEWAL  
INCLUDING NONPAYMENT OF PREMIUM –  
DESIGNATED PERSON OR ORGANIZATION**

**Schedule**

Designated Person or Organization:

Email Address:

US Mail Address:

If we cancel or chose to nonrenew this policy for any reason other than nonpayment of premium we will provide written notice at least (\_\_\_\_) days before the effective date of the cancellation or nonrenewal to the designated person or organization in the above schedule. For cancellation due to nonpayment of premium we will provide written notice at least 10 days before the effective date of cancellation to the designated person or organization in the above schedule.

Such notice will be sent via the US mail address or E-mail address listed above. Proof of mailing or e-mailing will be sufficient proof of notice.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTICE OF CANCELLATION OR NONRENEWAL –  
DESIGNATED PERSON OR ORGANIZATION**

**Schedule**

Designated Person or Organization:

Email Address:

US Mail Address:

If we cancel or chose to nonrenew this policy for any reason other than nonpayment of premium we will provide written notice at least (\_\_\_\_) days before the effective date of the cancellation or nonrenewal to the designated person or organization in the above schedule.

Such notice will be sent via the US mail address or E-mail address listed above. Proof of mailing or e-mailing will be sufficient proof of notice.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

## **GENERAL LIABILITY ENHANCEMENT**

### **SCHEDULE OF COVERAGES ADDRESSED BY THIS ENDORSEMENT**

This schedule is provided only as a convenience. It should not be assumed to provide a reference to every provision that can affect a question, claim or coverage. To determine the full scope of coverage and pertinent restrictions and exclusions, the policy, including endorsements, must be read in its entirety.

- A. Reasonable Force – Bodily Injury Or Property Damage**
- B. Aircraft, Auto or Watercraft**
- C. Damage To Premises Rented To You**
- D. Supplementary Payments**
- E. Newly Acquired Or Formed Organizations**
- F. Additional Insured – Owner, Manager or Lessor Of Premises Or Leased Equipment**
- G. Additional Insured – State or Political Subdivisions – Permits Related to Premises or Operations**
- H. Unnamed Partnership Or Joint Venture**
- I. General Aggregate Limit – Per Project or Per Location**
- J. Damage To Premises Rented To You Limit**
- K. Knowledge And Notice Of Occurrence Or Offense**
- L. Unintentional Omission**
- M. Waiver Of Transfer Of Rights Of Recovery Against Others To Us**
- N. Amended Bodily Injury Definition**
- O. Amended Insured Contract Definition**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

## SECTION I – COVERAGES

### COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY

#### A. Reasonable Force – Bodily Injury Or Property Damage

Paragraph **2.a. Exclusions; Expected Or Intended Injury**, is deleted and replaced by the following:

##### a. Expected or Intended Injury

“Bodily Injury” or “property damage” expected or intended from the standpoint of the insured. This exclusion does not apply to “bodily injury” or “property damage” resulting from the use of reasonable force to protect persons or property.

#### B. Aircraft, Auto or Watercraft

1. Paragraph **2.g.(2) Exclusions; Aircraft, Auto Or Watercraft** is deleted and replaced by the following:

(2) A watercraft you do not own that is:

- (a) Up to seventy-five (75) feet long; and
- (b) Not being used to carry persons or property for a charge;

2. The following is added to the exceptions to the exclusions:

(6) Any non-owned aircraft chartered to you with a crew including a pilot.

3. The following is added to paragraph **2.g.:**

Only as respects to the insurance provided by this provision, **Section II - Who Is An Insured** is amended to include as an insured any person who, with your express consent uses a watercraft owned by you.

The insurance provided by this provision shall be excess over any valid and collectible other insurance available to the insured, whether primary, excess, contingent or on

any other basis, except for the insurance purchased specifically by you to apply in excess of the Limits of Insurance shown in the declarations for this Coverage Part.

#### C. Damage To Premises Rented To You

The last paragraph of **2. Exclusions** is deleted and replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by water, fire, explosion, lightning, or smoke resulting from fire to premises while rented to you, or temporarily occupied by you with permission by the owner. A separate limit of insurance applies to this coverage as described in **Section III – Limits Of Insurance.**

This provision does not apply if coverage for Damage To Premises Rented To You is excluded by another endorsement to this policy.

### SUPPLEMENTARY PAYMENTS - COVERAGES A AND B.

#### D. Supplementary Payments

Paragraphs **1.b.** and **1.d.** are deleted and replaced with the following:

**b.** Up to \$2,500 for the cost of bail bonds required because of accidents or traffic violations arising out of any vehicle to which Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

**d.** All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or “suit”, including actual loss of earnings up to \$500 a day because of time off work.

## SECTION II – WHO IS AN INSURED

### E. Newly Acquired Or Formed Organizations

The following replaces Paragraph 3.:

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
  - a. Coverage under this provision is afforded only until the one hundred eightieth (180<sup>th</sup>) day after you acquire or form the organization or the end of the policy period, whichever is earlier;
  - b. Coverage **A** does not apply to “bodily injury” or “property damage” that occurred before you acquired or formed the organization; and
  - c. Coverage **B** does not apply to “personal and advertising injury” arising out of an offense committed before you acquired or formed the organization.
  - d. This provision does not apply to any organization for which coverage is excluded by another endorsement to this policy.

### F. Additional Insured – Owner, Manager Or Lessor Of Premises Or Leased Equipment

The following paragraph is added:

4. Any person or organization that you have agreed in a contract or agreement to include as an additional insured on this policy, but:
  - a. Only with respect to liability for “bodily injury” or “property damage” that occurs, or “personal and advertising injury” caused by an offense committed, after you have entered into that contract or agreement; and
    - (1) Only if the “bodily injury”, “property damage” or “personal and advertising injury” is caused, in whole or in part, by you or any person or organization performing operations on your behalf,

and arises out of the ownership, maintenance or use of that part of any premises leased to you under that contract or agreement; or

- (2) The “bodily injury”, “property damage” or “personal and advertising injury” is caused, in whole or in part, by you or any person or organization performing operations on your behalf, and arises out of the maintenance, operation or use of equipment leased to you by such additional insured.
- b. The insurance provided to such additional insured under this provision is subject to the following:
  - (1) The limits of insurance afforded to such additional insured shall be the limits which you agreed to provide in the contract or agreement, or the limits shown in the Declarations, whichever are less; and
  - (2) The insurance afforded to such additional insured does not apply:
    - (a) To any “bodily injury” or “property damage” that occurs, or “personal and advertising injury” caused by an offense committed, after you cease to be a tenant in that premises;
    - (b) To any structural alterations, construction or demolition operations performed by or on behalf of such additional insured;
    - (c) To any premises for which coverage is excluded by another endorsement to this Coverage Part;
    - (d) To any “bodily injury” or “property damage” that occurs, or “personal and advertising injury” caused by an offense committed, after the equipment lease expires; or

(e) If the equipment is leased with an operator.

- c. This provision does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this policy.

**G. Additional Insured – State Or Political Subdivisions – Permits Related To Premises Or Operations**

The following paragraphs are added:

5. Any state or political subdivision that has issued a permit in connection with premises owned or occupied by, or rented or loaned to, you, but only with respect to “bodily injury”, “property damage”, “personal and advertising injury” arising out of the existence, ownership, use, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, elevators, street banners or decorations for which that state or political subdivision has issued such permit.
6. Any state or political subdivision that has issued a permit, but only with respect to “bodily injury”, “property damage”, “personal and advertising injury” arising out of operations performed by you or on your behalf for which that state or political subdivision has issued such permit. However, no such state or political subdivision is an insured for:
- a. “Bodily injury”, “property damage” “personal and advertising injury” arising out of operations performed for that state or political subdivision; or
- b. “Bodily injury” or “property damage” included within the “products-completed operations hazard”.

**H. Unnamed Partnership Or Joint Venture**

1. The last paragraph of **Section II – Who Is An Insured** is deleted and replaced by the following:
- No person or organization is an insured with respect to the conduct of any current

or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations. However this limitation does not apply to your liability with respect to your conduct of the business of any current or past partnership or joint venture:

- a. That is not shown as a Named Insured in the Declarations; and
- b. In which you are a member or partner but only if:
- (1) Each and every member or partner in that joint venture or partnership is not a construction contractor; and
- (2) The joint venture or partnership is not providing construction contracting services.
2. This provision does not apply to any person or organization for which coverage is excluded by another endorsement to this policy.
3. The insurance provided by this provision shall be excess over any valid and collectible other insurance, whether primary, excess, contingent or on any other basis.

**SECTION III – LIMITS OF INSURANCE**

**I. General Aggregate Limit – Per Project Or Per Location**

Paragraph 3. is deleted and replaced by the following:

3. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage A for damages because of “bodily injury” and “property damage” included in the “products-completed operations hazard” and applies separately to each of your “projects” away from premises owned by or occupied by you or to each of your “locations” owned by or occupied by you.

“Projects” mean an area away from premises owned by or rented to you at which you are performing operations pursuant to a contract or agreement. For the purposes of determining the applicable



aggregate limit of insurance, each "project" at the same "location" shall be considered a single "project".

For the purposes of this provision, "location" means

- a. Premises involving the same connecting lots;
- b. Premises where connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad; or
- c. Premises where operations are performed in sections, stages or phases as a continuation of the same contract or agreement, even if the premises do not involve connecting lots.

#### **J. Damage To Premises Rented To You Limit**

Paragraph 6. is deleted and replaced by the following:

- 6. Subject to paragraph 5. above, whichever applies, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of fire, explosion, lightning, smoke resulting from such fire; or water while rented to you or temporarily occupied by you with permission of the owner.

### **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**

#### **K. Knowledge And Notice Of Occurrence Or Offense**

Paragraph 2.a. **Duties In The Event Of Occurrence, Offense, Claim Or Suit** is deleted and replaced by the following:

- a. Notice of an "occurrence" or of an offense which may result in a claim must be given as soon as practicable after knowledge of the "occurrence" or offense has been reported to you, one of your "executive officers" (if you are a corporation), one of your partners who is an individual (if you are a partnership), one of your managers (if you are a limited liability company), one of your trustees who is an individual (if you are a trust), or an "employee" (such as an insurance, loss control or risk

manager or administrator) designated by you to give such notice.

Knowledge by any other "employee" of an "occurrence" or offense does not imply that you also have such knowledge.

Notice of an "occurrence" or of an offense which may result in a claim will be deemed to be given as soon as practicable to us if it is given in good faith as soon as practicable to your workers' compensation, accident, or health insurer. This applies only if you subsequently give notice of the "occurrence" or offense to us as soon as practicable after you, one of your "executive officers" (if you are a corporation), one of your partners who is an individual (if you are a partnership), one of your managers (if you are a limited liability company), one of your trustees who is an individual (if you are a trust), or an "employee" (such as an insurance, loss control or risk manager or administrator) designated by you to give such notice discovers that the "occurrence" or offense may involve this policy.

To the extent possible, notice should include:

- (1) How, when and where the "occurrence" or offense took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

#### **L. Unintentional Omission**

The following is added to paragraph 6. **Representations:**

However, the unintentional omission of, or unintentional error in, any information provided by you which we relied upon in issuing this policy shall not prejudice your rights under this insurance. This provision does not affect our right to collect additional premium or to exercise our right of cancellation or nonrenewal in accordance with applicable insurance laws or regulations.

**M. Waiver Of Transfer Of Rights Of Recovery Against Others To Us**

The following is added to paragraph 8. **Transfer of Rights of Recovery Against Others to Us:**

However, we waive any rights of recovery we may have against any person or organization because of payments we make for "bodily injury", "property damage", "personal injury and advertising injury" arising out of:

- a. Premises owned by you, temporarily occupied by you with permission of the owner, or leased or rented to you;
- b. Ongoing and completed operations performed by you, or on your behalf, under a contract or agreement with that person or organization;
- c. Your "work"; or
- d. "Your products".

We waive these rights only where you have agreed to do so as part of a contract or agreement entered into by you before the "bodily injury" or "property damage" occurs or the "personal and advertising injury" offense is committed.

**SECTION V - DEFINITIONS**

**N. Amended Bodily Injury Definition**

Paragraph 3. is deleted and replaced by the following:

- 3. "Bodily injury" means injury to the body, sickness, disease, or death. "Bodily injury" also means mental injury, mental anguish, emotional distress, pain and suffering, or shock resulting from injury to the body, sickness, disease or death of any person.

**O. Amended Insured Contract Definition**

- 1. Paragraph 9.a. is deleted and replaced by the following:
  - a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by water, fire, explosion, lightning, or smoke resulting from fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
- 2. Paragraph 9.c. is deleted and replaced by the following:
  - c. Any easement or license agreement
- 3. Subsection 9.f.(1) is deleted.
- 4. The following is added to the end of paragraph 9.:

The insurance provided by the above definitions of "Insured Contract" shall be excess over any valid and collectible Railroad Protective Liability insurance available to an insured, whether primary, excess, contingent or on any other basis, except for the insurance purchased specifically by you to apply in excess of the Limits of Insurance shown in the declarations for this Coverage Part.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – EARTH MOVEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to "bodily injury" or "property damage" directly or indirectly arising out of, caused by, resulting from, contributed to or aggravated by any of the following: subsidence, settling, sinking, slipping, falling away, caving in, shifting, eroding, mud flow, rising, tilting or any other movement of land or earth.

This exclusion applies whether the movement of land arises in whole or in part from nature, from

human activities, or from any cause or source including, but not limited to, "your work" or the work or activities of any insured or other individuals or entities of any kind.

This exclusion does not apply to "bodily injury" or "property damage" caused by movement of land during the time you are in the process of excavating it.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMITATION OF COVERAGE TO DESIGNATED WORK**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### **SCHEDULE**

**Description of your work:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations or Supplemental Schedule as applicable to this endorsement).

This insurance applies only to "bodily injury," "property damage," and "personal and advertising injury" arising out of:

1. "Your work" shown in the Schedule; or
2. Operations which are necessary to "your work" shown in the Schedule.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION - SYNTHETIC STUCCO (EIFS) AND SPRAY-ON SIDING OR LIQUID SIDING**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to "bodily injury" or "property damage" directly or indirectly arising out of, caused by, resulting from, contributed to or aggravated by:

1. An Exterior Insulation and Finish System (EIFS), also known as synthetic stucco;
2. Spray-on siding or liquid siding; or
3. Work or operations on an exterior component, fixture or feature of any structure which includes 1. or 2. above.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMITED EXCLUSION - PERSONAL INJURY COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following exclusion is added to Paragraph **2. Exclusions** in **Section I.B. PERSONAL AND ADVERTISING INJURY LIABILITY**:

This insurance does not apply to wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises if the wrongful eviction, wrongful entry, or invasion of the right of private occupancy arises out of:

1. Any "Bodily Injury";
2. Any "Property Damage" to the room, dwelling, or premises;
3. The entry into or presence within the room, dwelling, or premises of any odors, fumes, chemicals, water, moisture, rot, mold, dust, dirt, pollutants, or substances of any kind which render the room, dwelling, or premises, uninhabitable, less habitable, less useful, or less desirable for human habitation or use;
4. Any request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of any odors, fumes, chemicals, water, moisture, rot, mold, dust, dirt, pollutants, or substances of any kind;
5. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of any odors, fumes, chemicals, water, moisture, rot, mold, dust, dirt, pollutants, or substances of any kind.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDMENT OF LIMITS  
PRODUCTS / COMPLETED OPERATIONS HAZARD  
FOR MOISTURE RELATED DETERIORATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is added to **Section III, Limits of Insurance**:

- 8.** Notwithstanding the Limits of Insurance shown in the Declarations, the most we will pay for "bodily injury" and "property damage" that is within the "products-completed operations hazard" and that either consists of, is caused by, arises out of, or is aggravated by "moisture related deterioration" is

\_\_\_\_\_ Per Occurrence

\_\_\_\_\_ Aggregate

This limitation applies even if causes other than "moisture related deterioration" add to or contribute, directly, indirectly, or in any manner or sequence to the "bodily injury or "property damage".

- a.** This limitation does not apply if the "bodily injury" or "property damage" consists of, is caused by, or arises out of any of the following:

- (1)** The "collapse" of any building or structure.

- (2)** Water escaping from within leaking or bursting pipes, plumbing fixtures, appliances, or equipment located within a building or structure.

- (3)** The presence or entry of liquid or frozen water into the occupied spaces of a building.

- b.** The following definitions are added:

- (1)** "Moisture related deterioration" means: decay, corrosion, or other gradual deterioration, delamination, adhesive or cohesive failure, weakening, or deformation of wood products or other material caused by continuous and/or prolonged and/or repeated contact with water or moisture.

- (2)** "Collapse" means the abrupt falling-in, abrupt loss of shape, or abrupt flattening into a mass of rubble of a building or structure.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMITED EXCLUSION – BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following replaces Exclusion I. in **Section 1 – Coverage A - Bodily Injury And Property Damage Liability**:

### **2. Exclusions**

This insurance does not apply to:

#### **I. Damage to Your Work**

“Property damage” to “your work” arising out of it or any part of it and included in the “products-completed operations hazard.”

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor; provided, however, that this paragraph does not apply,

and therefore the exclusion is applicable, to “property damage” to “your work” that either consists of, is caused by, arises out of, or is aggravated by “moisture”.

As used herein:

“Moisture” means any water (whether in liquid, solid or vapor form), other than water that (i) escapes from appliances or equipment located entirely within a building or structure or (ii) escapes from within leaking or bursting pipes or plumbing fixtures.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ELECTROMAGNETIC RADIATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverages, Coverage A, Bodily Injury and Property Damage Liability and Paragraph 2., Exclusions of Section I – Coverages, Coverage B, Personal and Advertising Injury Liability:

This insurance does not apply to:

### Electromagnetic Radiation

- (1) "Bodily injury", "property damage", "personal and advertising injury" arising out of the actual, alleged, threatened or existing discharge, release, emission, or generation of "electromagnetic radiation" or exposure to "electromagnetic radiation" from electrical lines, equipment or any type of energy or electricity that is, or is alleged to be, detected in the air, space, atmosphere, ground or water; or
  - (2) The costs of administrative or regulatory proceedings, costs of abatement or mitigation or determination of "electromagnetic radiation" or exposure to "electromagnetic radiation"; or
  - (3) Any obligation to share damages with or repay someone else who must pay damages because of injury, damage or costs arising from (1) or (2) above; or
  - (4) Any liability, claim or suit arising out of any supervision, instructions, warnings, recommendations, or advice given or which should have been given in connection with (1) or (2) above.
- As used herein, "electromagnetic radiation" includes, but is not limited to, magnetic energy, waves, fields or forces generated, produced, distributed, transmitted or maintained by charges, currents, frequencies, energy or forces of electricity.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **RESIDENTIAL SUBDIVISION/HOUSING TRACT EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This insurance does not apply to "bodily injury" or "property damage" or "personal and advertising injury" arising out of:

- 1) Construction defect repair work performed in any residential subdivision or housing tract; or
- 2) Work performed by you or for you as a general contractor on more than \_\_\_\_\_ lots within any residential subdivision or housing tract during any policy period.
- 3) Work performed by you or for you as a subcontractor on more than \_\_\_\_\_ lots within any residential subdivision or housing tract during any policy period.

Paragraphs (2) and (3) above do not apply to work performed directly for the owner of an existing owner occupied dwelling.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION – DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to paragraph 2., **Exclusions of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I – Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out any products provided to or work performed at any location where a consolidated (wrap-up) insurance program was or is provided by the prime contractor/project manager or owner of the construction project in which you are involved.

If a consolidated (wrap-up) insurance program has been provided by the controlling entity in conjunction with any construction project in which you are involved, this insurance does not apply to "bodily injury" or "property damage" arising out of:

1. Any products which will be incorporated into the project;

2. Any equipment used on or intended to be used on the construction project;
3. Work performed on the construction project.

This exclusion applies both to your ongoing operations and to operations included within the "products completed operations hazard" and excludes any and all coverage under this policy whether or not the consolidated (wrap-up) insurance program:

1. Provides coverage identical to that provided by this Coverage Part;
2. Has limits adequate to cover all claims;
3. Remains in effect; or
4. Fails to cover any suit, claim, liability, injury or damages which would otherwise have been covered by this policy.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CHINESE DRYWALL AND CHINESE GYPSUM EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

- A.** The following exclusions are added to Paragraph 2. **Exclusions** of **SECTION I, COVERAGE A Bodily Injury and Property Damage Liability** and to **COVERAGE B, Personal and Advertising Injury Liability**:

This insurance does not apply to the following:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising, in whole or part, out of "Chinese Drywall", or arising in whole or part out of any material or chemical contained in or emitted from "Chinese Drywall";
2. The design, manufacture, construction, fabrication, preparation, distribution, sale, installation, maintenance, repair, correction or replacement of any "Chinese Drywall" or any part thereof;
3. "Your product" or "your work" or the work or product of any other insured with respect to any building or structure containing "Chinese Drywall";
4. The reliance upon any advice, instruction, representation or warranty made with regard to "Chinese Drywall";

- 5.** Any loss, cost or expense arising out of:

- (a) Any request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, repair, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "Chinese Drywall" or any material or chemical contained in or emitted from "Chinese Drywall"; or
- (b) Any claim or suit by or on behalf of a governmental authority or any person for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "Chinese Drywall" or any material or chemical contained in or emitted from "Chinese Drywall".

As used in this endorsement "Chinese Drywall" means any wallboard, drywall, ceiling board, soffit board, sheathing board, backing board, core board, shaft liner board, gypsum veneer plaster systems, raw gypsum, or any other gypsum material or gypsum based product, any part of which originated in, or was exported from the Peoples Republic of China, or which is alleged to have originated in, or been exported from, the Peoples Republic of China.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **AMENDMENT OF OTHER INSURANCE – EXCESS PROVISION (Contracts)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Section IV**, Paragraph **4.b.(1)** of the **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended by addition of the following:

- (c)** This insurance is excess over any other insurance whether primary, excess, contingent or on any other basis that is available to you as an additional insured or contractual indemnitee. You are required to give notice of a claim to all “potential insurers” within 30 days of giving notice of claim to us.

“Potential insurer” mean all insurance companies who may be obligated to defend the insured as either a named insured, additional insured, or contractual indemnitee.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PERSONAL AND ADVERTISING INJURY DEFINITION - LIMITED

The endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### A. Personal and Advertising Injury Definition

**Section V – Definitions, Paragraph 14 – Personal and Advertising Injury** is deleted and replaced by the following:

**14.** “Personal and Advertising Injury” means injury, including consequential “bodily injury”, arising out of one or more of the following offenses:

- a.** False arrest, detention or imprisonment;
- b.** Malicious prosecution;
- c.** The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor.

### B. Personal and Advertising Injury Exclusions

**Section I – Coverages - Coverage B Personal And Advertising Injury Liability**

**Paragraphs 2.f., 2.i. and 2.j** are deleted and replaced by the following:

#### **2. Exclusions**

##### **f. Breach of Contract**

“Personal and advertising injury” arising out of a breach of contract.

##### **i. Infringement Of Copyright, Patent, Trademark Or Trade Secret**

“Personal and advertising injury” arising out of the infringement of copyright, patent, trademark, trade secret or other intellectual property rights.

##### **j. Insureds In Media And Internet Type Businesses**

This paragraph does not apply.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – DESIGNATED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### **SCHEDULE**

**Description of Designated Operations:**

This insurance does not apply to any “bodily injury”, “property damage”, medical expenses or “personal and advertising injury” arising out of any operations described in the schedule above. This exclusion applies whether such operations are conducted by you or on your behalf or if the operations are conducted for yourself or for others.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PROFESSIONAL SERVICES EXCLUSION AND DEFINITION

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. The following is added to the **Exclusions** in **Section I – Coverages**

#### **Professional Services**

“Bodily injury”, “property damage” or “personal and advertising injury” arising out of the rendering or failure to render any “professional services”.

2. The following is added to **Section V – Definitions**:

“Professional services” means any service requiring specialized skill or training including but not limited to the following:

- a. Preparing, approving, or failing to prepare or approve any map, shop drawing, opinion, report, survey, field order, change order, design, drawing, specification, recommendation, permit application, payment request, manual or instruction;
- b. Supervision, inspection, quality control, architectural, engineering or surveying activity or service, job site safety, warning or failure to warn, construction contracting, construction administration, construction management, computer consulting or design, software development or programming service, or selection of a contractor, subcontractor or subconsultant;
- c. Monitoring, testing, or sampling service necessary to perform any of the services included in a. or b. above.

- d. Legal, accounting or advertising services;
- e. Medical, surgical, dental, x-ray or nursing services treatment, advice or instruction;
- f. Any health or therapeutic service treatment, advice or instruction;
- g. Any service, treatment, advice or instruction for the purpose of appearance or skin enhancement, hair removal or replacement or personal grooming;
- h. Optometry or optical or hearing aid services including the prescribing, preparation, fitting, demonstration or distribution of ophthalmic lenses and similar products or hearing aid devices;
- i. Body piercing services; and
- j. Services in the practice of pharmacy.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the “occurrence” which caused the “bodily injury” or “property damage”, or the offense which caused the “personal and advertising injury”, involved the rendering or failure to render of any “professional services”.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PRESERVATION OF GOVERNMENTAL IMMUNITY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**Schedule Of Governmental Entity**

**Governmental Entity:**

For any claim or suit brought against the Governmental Entity listed above seeking damages for "Bodily Injury", "Property Damage" and "Personal and Advertising Injury" for which this insurance applies:

1. We agree that the purchase of this insurance by the Insured and the inclusion of that Governmental Entity as an additional insured does not waive any defense of governmental immunity available to that entity.
2. This insurance applies only to the extent that such claim or suit is not subject to any defense of governmental immunity that would be available to that Governmental Entity.
3. The Governmental Entity shall be responsible for asserting any defense of governmental immunity and must do so if requested in writing by us.
4. We will not deny coverage, rights or benefits under this policy to the Governmental Entity for reasons of their governmental immunity unless and until a court of law having jurisdiction over such claim or suit has ruled that governmental immunity applies to such Governmental Entity.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **OTHER INSURANCE ENDORSEMENT FOR PROFESSIONALS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Paragraph **4.b. Other Insurance** in **Section IV – Commercial General Liability Conditions** is replaced by the following:

### **4. Other Insurance**

#### **b. Excess Insurance**

- (1)** This insurance is excess over any other insurance, whether primary, excess, contingent, additional or on any other basis.
- (2)** We will have no duty under Coverages **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3)** We will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a)** The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b)** The total of all deductible and self-insured amounts under all that other insurance.
- (4)** We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PROFESSIONAL SERVICES EXCLUSION AND DEFINITION

This endorsement modifies insurance provided under the following:

RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. The following is added to the **Exclusions** in **Section I – Coverages**

This insurance does not apply to:

### **Professional Services**

“Bodily injury” or “property damage” arising out of the rendering or failure to render any “professional services”.

2. The following is added to **Section V – Definitions**:

“Professional services” means any service requiring specialized skill or training including but not limited to the following:

- a. Preparing, approving, or failing to prepare or approve any map, shop drawing, opinion, report, survey, field order, change order, design, drawing, specification, recommendation, permit application, payment request, manual or instruction;
- b. Supervision, inspection, quality control, architectural, engineering or surveying activity or service, job site safety, warning or failure to warn, construction contracting, construction administration, construction management, computer consulting or design, software development or programming service, or selection of a contractor, subcontractor or subconsultant;

- c. Monitoring, testing, or sampling service necessary to perform any of the services included in **a.** or **b.** above.

- d. Legal, accounting or advertising services;

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the “occurrence” which caused the “bodily injury” or “property damage”, or the offense which caused the “personal and advertising injury”, involved the rendering or failure to render of any “professional services”.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – WHERE REQUIRED BY CONTRACT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

- A. WHO IS AN INSURED (Section II)** is amended to include as an insured any person(s) or organization(s) whom you are required to add as an additional insured on this policy pursuant to a written contract or written agreement which is:
1. Valid and legally enforceable;
  2. Currently in effect or becoming effective during the term of this policy; and
  3. Executed prior to an "occurrence" resulting in "bodily injury" or "property damage."
- B.** When required in the written contract or written agreement, the coverage provided to the additional insured under this policy shall be primary and non-contributory to the additional insured subject to the limitations set forth below.
- C.** The insurance provided to the additional insured is limited as follows:
1. The person or organization is an additional insured only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by:
    - a. Your acts or omissions; or
    - b. The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations as specified in the written contract.

When required in the written contract or written agreement, the coverage provided to the additional insured by this endorsement will apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard." When coverage does apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" such coverage will cease at the earliest of the following:

    - a. The period of time specified by the written contract or written agreement; or
    - b. The expiration date of this policy.
  2. The Limits of Insurance applicable to the additional insured are the lesser of the available limits in this policy, or those limits you agreed to provide in the written contract or written agreement.
  3. With respect to the coverage provided under this endorsement, the following duties are added to **Section IV – Commercial General Liability Conditions**, paragraph **2. Duties In The Event of Occurrence, Offense, Claim or Suit**:
    - e. An additional insured under this endorsement will as soon as practicable:
      - (1) Give written notice of an "occurrence" to us which may result in a claim or "suit" under this insurance;
      - (2) Agree to trigger or activate any other insurance which the additional insured has for a loss we cover under this Coverage Part by tendering the defense to the insurers of all such other insurance.
  4. If required by the written contract or written agreement, we waive the right of recovery we may have against the additional insured to which this endorsement applies for payments we make for "bodily injury" or "property damage" arising out of "your work" on the written contract or written agreement. However, such waiver does not apply to payments for liability apportioned to the additional insured.
  5. Unless otherwise agreed in the written contract or written agreement, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis that is available to the additional insured.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BLANKET ADDITIONAL INSURED ENDORSEMENT BROAD FORM

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization that you agree in a contract or agreement requiring insurance to include as an additional insured on this policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused in whole or in part by you or those acting on your behalf:

1. In the performance of your ongoing operations;
2. In connection with premises owned by or rented to you; or
3. In connection with “your work” and included within the “product-completed operations hazard”.

However, the insurance afforded to such additional insured:

1. Does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this policy.
2. Does not apply to the rendering of or failure to render any professional services.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

### **B. Other Insurance**

With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Paragraph 4. Other Insurance, a. Primary Insurance:**

However, if you specifically agree in a contract or agreement that the insurance provided to an additional insured under this policy must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with that other insurance provided that:

1. The “bodily injury” or “property damage” for which coverage is sought occurs after you have entered into that contract or agreement; or
2. The “personal and advertising injury” for which coverage is sought arises out of an offense committed after you have entered into that contract or agreement.

### **C. Transfer Of Rights Of Recovery Against Others To Us**

With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us.**

We waive any rights of recovery we may have against any person or organization because of payments we make for “bodily injury”, “property damage” or “personal and advertising injury” arising out of “your work” performed by you, or on your behalf, under a contract or agreement with that person or organization. We waive these rights only where you have agreed to do so as part of a contract or agreement with such person or organization entered into by you before the “bodily injury” or “property damage” occurs, or the “personal and advertising injury” offense is committed.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SCHEDULED ADDITIONAL INSURED ENDORSEMENT BROAD FORM**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### **SCHEDULE**

**Name of Person or Organization:**

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person or organization shown in the schedule above, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused in whole or in part by you or those acting on your behalf:

1. In the performance of your ongoing operations;
2. In connection with premises owned by or rented to you; or
3. In connection with “your work” and included within the “product-completed operations hazard”.

However, the insurance afforded to such additional insured:

1. Does not apply to the rendering of or failure to render any professional services.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**B. Other Insurance**

With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Paragraph 4. Other Insurance, a. Primary Insurance:**

However, if you specifically agree in a contract or agreement that the insurance provided to an additional insured under this policy must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance

that is available to such additional insured which covers such additional insured as a named insured, and we will not share with that other insurance provided that:

1. The “bodily injury” or “property damage” for which coverage is sought occurs after you have entered into that contract or agreement; or
2. The “personal and advertising injury” for which coverage is sought arises out of an offense committed after you have entered into that contract or agreement.

**C. Transfer Of Rights Of Recovery Against Others To Us**

With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us.**

We waive any rights of recovery we may have against any person or organization because of payments we make for “bodily injury”, “property damage” or “personal and advertising injury” arising out of “your work” performed by you, or on your behalf, under a contract or agreement with that person or organization. We waive these rights only where you have agreed to do so as part of a contract or agreement with such person or organization entered into by you before the “bodily injury” or “property damage” occurs, or the “personal and advertising injury” offense is committed.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SCHEDULED ADDITIONAL INSURED - BROAD FORM B**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

#### **SCHEDULE**

**Name of Person or Organization:**

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person or organization shown in the schedule above, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused in whole or in part by you or those acting on your behalf:

1. In the performance of your ongoing operations;
2. In connection with premises owned by or rented to you; or
3. In connection with “your work” and included within the “product-completed operations hazard”.

However, the insurance afforded to such additional insured:

1. Does not apply to the rendering of or failure to render any professional services.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

#### **B. Other Insurance**

With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Paragraph 4. Other Insurance, a. Primary Insurance:**

However, if you specifically agree in a contract or agreement that the insurance provided to an additional insured under this policy must apply on a primary basis, or a primary and non-contributory

basis, this insurance is primary and non-contributory with other insurance that is available to such additional insured, provided that:

1. The “bodily injury” or “property damage” for which coverage is sought occurs after you have entered into that contract or agreement; or
2. The “personal and advertising injury” for which coverage is sought arises out of an offense committed after you have entered into that contract or agreement.

#### **C. Transfer Of Rights Of Recovery Against Others To Us**

With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Commercial General Liability Conditions, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us.**

We waive any rights of recovery we may have against any person or organization because of payments we make for “bodily injury”, “property damage” or “personal and advertising injury” arising out of “your work” performed by you, or on your behalf, under a contract or agreement with that person or organization. We waive these rights only where you have agreed to do so as part of a contract or agreement with such person or organization entered into by you before the “bodily injury” or “property damage” occurs, or the “personal and advertising injury” offense is committed.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED FOR PROFESSIONALS SCHEDULED CONTRACTOR OR OWNER ONGOING OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### **SCHEDULE**

**Name of Person or Organization:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" arising out of your ongoing operations performed for that insured.

**B.** The insurance provided pursuant to this endorsement does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any "professional services".

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury",

involved the rendering or failure to render of any "professional services".

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- 1)** All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- 2)** That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED FOR PROFESSIONALS  
SCHEDULED CONTRACTOR OR OWNER  
COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**SCHEDULE**

**Name of Person or Organization:**

**Location and Description of Completed Operations:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of “your work” at the location designated and described in the schedule of this endorsement performed for that insured and included in the “products-completed operations hazard”.
- B.** The insurance provided pursuant to this endorsement does not apply to “bodily injury”, “property damage” or “personal and

advertising injury” arising out of the rendering or failure to render any “professional services”.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the “occurrence” which caused the “bodily injury” or “property damage”, or the offense which caused the “personal and advertising injury”, involved the rendering or failure to render of any “professional services”.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED SCHEDULED OWNER, LESSEES OR CONTRACTORS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### **SCHEDULE**

<b>Name of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

The following is added to **Section II – Who Is An Insured:**

4. Any person(s) or organizations(s) shown in the Schedule is also an additional insured, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to “bodily injury” or “property damage” occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Policy Number:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
SCHEDULED OWNER, LESSEES OR CONTRACTORS  
COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**SCHEDULE**

<b>Name of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

The following is added to **Section II – Who Is An Insured:**

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for “bodily injury” or “property damage” caused, in whole or in part, by “your work” at the location designated and described in the Schedule of this endorsement performed for that additional insured in the “products-completed operations hazard”.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CHANGE ENDORSEMENT**

Policy Number:

☐ Additional Premium: \$ \_\_\_\_\_

Named Insured:

☐ Return Premium: \$ \_\_\_\_\_

☐ No Premium Change

Endorsement Effective Date (12:01 a.m.):

It is understood and agreed that this policy is amended as follows:

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

# POLICY CHANGE ENDORSEMENT

Policy Number:

Agent #:

Named Insured and Mailing Address:

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_ At 12:01 A.M., Standard Time at your mailing address shown above.

CHANGE EFFECTIVE \_\_\_\_\_ CHANGE # \_\_\_\_\_

## DESCRIPTION

Insured's Name	Insured's Mailing Address
Effective / Expiration Date	Business Description
Additional Interested Parties	Premium Determination
Limits/Exposures / Occupancy / Construction	Coverage Forms and Endorsements
Covered Property / Location	Deductibles / Coinsurance
Rates	Classification / Class Codes
Signed Exclusion	Underlying Insurance
Drivers	Employee / Employee Position
Assessments / Taxes	Adding/Deleting Auto
Self-Insured Retention/Retroactive Date	Protective Safeguards
Policy Correction	This policy is Cancelled
Business Entity	Individual Partnership Corporation Other _____

is (are) changed to read **{See Additional Page(s)}: (Information if not shown below will be shown on the attached Declarations or Schedules)**

☐ Additional Premium \$ \_\_\_\_\_ ☐ Return Premium \$ \_\_\_\_\_ ☐ No Change In Premium

Countersignature \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Authorized Representative)

**POLICY CHANGE ENDORSEMENT DESCRIPTION**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



## NOTICE

### OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

**You should know that, where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by Federal Law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under this formula, the United States Government pays 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the Federal Government under the Act.**

**You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.**

#### Acceptance or Rejection of Certified Acts of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase coverage for Certified Acts of Terrorism for a prospective premium of \$
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Note: the premium shown is only for certified acts.

**(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)**

**Please Return Signed Form To:**

**Fax:**

**Email:**

**Or Mail To:**

\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Policy (or Quote) Number

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE  
COVERAGE FOR CERTIFIED ACTS OF TERRORISM CURRENTLY PROVIDED  
RIGHT TO REJECT**

Name and Address of the Insured

Name and Address of the Agent

Last year, you elected to purchase coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act. The Terrorism Risk Insurance Program Reauthorization Act of 2015 extends the Act through December 31, 2020. **Important Changes in the Act are noted below.**

We have issued your renewal policy with this coverage, however, if you would like to remove the coverage on your renewal policy for "acts of terrorism", please sign this rejection form and return it to us. Upon receipt of the signed rejection, we will endorse the policy to remove the coverage and calculate any return premium due you.

We are not changing our rate at this time, but your premium may have changed since the premium for terrorism is based on other factors as well. We will continue evaluating the rating structure to determine if any changes should be made at a later date.

**If you choose to continue coverage for certified acts of terrorism:**

**You should know that, where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by Federal Law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under this formula, the United States Government generally pays 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage does not include any charges for the portion of loss covered by the Federal Government under the Act.**

**You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.**

**Rejection of Certified Acts of Terrorism Insurance Coverage**

	I currently have coverage for Certified Acts of Terrorism, but would like this coverage removed from my renewal policy.
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\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

**To Remove Coverage, Fax or Email Signed Form To:**  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Or Mail Signed Form To:**

Policy Number \_\_\_\_\_



**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE  
COVERAGE FOR CERTIFIED ACTS OF TERRORISM PREVIOUSLY REJECTED  
RIGHT TO PURCHASE**

Name and Address of the Insured

Name and Address of the Agent

You were previously advised that you have a right to purchase insurance for terrorism coverage from acts of terrorism as defined in Section 102(1) of the Terrorism Risk Insurance Act. The Terrorism Risk Insurance Program Reauthorization Act of 2015 extends the Act through December 31, 2020. We are not changing our rate for the coverage at this time, but will continue to evaluate the rating structure to determine if changes should be made at a later date.

Since you previously elected to reject coverage for certified acts of terrorism, we are assuming that you do not desire coverage for certified acts of terrorism on this renewal. If you are interested in purchasing the coverage this year, please return this form for a premium quote. While the rate did not change, the premium for terrorism is based on other factors as well, so the premium for this coverage may have changed since our last quote.

When coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by Federal Law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under this formula, the United States Government generally pays 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company. The premium for this coverage does not include any charges for the portion of loss covered by the Federal Government under the act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**Request for a Quote of Terrorism Insurance Coverage**

	I do not currently have coverage for Certified Acts of Terrorism, but would like a quote of what it would cost me to add this coverage to my renewal.
--	---

\_\_\_\_\_  
Policyholder / Applicant's Signature

**Please Return Signed Form To:**

**Fax:**

**Email:**

**Or Mail To:**

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Policy (or Quote) Number

## AMENDMENT OF INSURED CONTRACT DEFINITION ADVISORY NOTICE TO POLICYHOLDERS

This Notice does **NOT** form a part of your insurance contract. The Notice is designed to alert you to a coverage change in your policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply. Please read your policy, and the endorsements attached to your policy, carefully.

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### ENDORSEMENT CG 24 26 AMENDMENT OF INSURED CONTRACT DEFINITION

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When this endorsement is attached to your policy, you will no longer be provided coverage for tort liability that you assume under an insured contract unless you or someone acting on your behalf contributed in whole or in part to the bodily injury or property damage.

This may be a reduction in coverage in states where you are permitted to hold harmless a party for that party's sole negligence.

## EXCLUSION – SILICA OR SILICA-RELATED DUST ADVISORY NOTICE TO POLICYHOLDERS

This Notice does **NOT** form a part of your insurance contract. The Notice is designed to alert you to coverage changes when the exclusion for silica or silica-related dust is attached to this policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply. Please read your policy, and the endorsements attached to your policy, carefully.

This Notice contains a brief synopsis of the following endorsements:

- **CG 21 96 03 05** – Silica Or Silica-Related Dust Exclusion (for use with Commercial General Liability Coverage Part)
- **CG 33 70 03 05** – Silica Or Silica-Related Dust Exclusion (for use with Owners And Contractors Protective Liability Coverage Part and Products/Completed Operations Coverage Part)
- **CG 33 71 03 05** – Silica Or Silica-Related Dust Exclusion (for use with Railroad Protective Liability Coverage Part)

When one of the above referenced endorsements is attached to your policy, coverage is excluded for bodily injury under Coverage **A** arising in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, or ingestion of, silica or silica-related dust. In addition, coverage is excluded for property damage under Coverage **A** and personal and advertising injury under Coverage **B** arising in whole or in part, out of actual, alleged, threatened or suspected contact with, exposure to, existence of, or presence of, silica or silica-related dust.

The attachment of any of these endorsements may result in a restriction of coverage.

# U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

## DISTRICT OF COLUMBIA FRAUD STATEMENT

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Contractors Bonding and Insurance Company
<b>TOI/Sub-TOI:</b>	17.1 Other Liability-Occ Only/17.1001 Commercial General Liability		
<b>Product Name:</b>	GL 2.0		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not applicable - not PPA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Comments:</b>	
<b>Attachment(s):</b>	TRIA 2015 trans.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	FORM SYNOPSIS
<b>Comments:</b>	
<b>Attachment(s):</b>	Forms Synopsis - DC.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**EXPEDITED SERFF FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

**This abbreviated filing transmittal document should be used in conjunction with a SERFF filing only.**

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document
- One copy of each endorsement, disclosure form and/or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf
- A copy of the rates, rating systems and supporting documentation, if applicable
- The appropriate filing fees, if applicable

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and/or the laws of this state
- ☐ Is in compliance with state's requirements with respect to terrorism coverage; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

**Electronic Signature:**

FORM NUMBER	TITLE	SYNOPSIS
RML 100 06 15	COMMON POLICY DECLARATIONS	Mandatory on all policies to display a summary of coverage parts and premium
RML 2150 06 15	FORMS SCHEDULE - INTERLINE	Mandatory on all policies to display interline forms
RML 500 06 15	LOCATION SCHEDULE	Mandatory on all policies to describe all locations on the policy.
RML 0001 06 15	SIGNATURE PAGE	Mandatory on all policies
RML 2100 08 15	CHANGE ENDORSEMENT (GENERIC)	Form may be used for mid-term changes in lieu of RML 2101
RML 2101 08 15	POLICY CHANGE ENDORSEMENT	Form to be used for mid-term change endorsements.
RML 300 06 15	NAMED INSURED ENDORSEMENT	Provides additional space to show the Named Insured if it doesn't fit on the Common Policy Dec.
RML 302 08 15	DISCRIMINATION EXCLUSION	Clarifies the intent that there is no coverage for any discrimination exposure.
RML 303 08 15	WAIVER OF IMMUNITY - PORT AUTHORITY OF NEW YORK AND NEW JERSEY	Insureds Discretion; For use when naming Port Authority as additional insured to clarify the intent that we will not raise any defense involving PATH or Port Authority.
RML 304 08 15	EXCLUSION - DESIGNATED ENTITY	Excludes an entity owned by the insured that is not eligible for coverage on the policy being written.
RML 305 08 15	SCHEDULED JOINT VENTURE ENDORSEMENT	Insureds Discretion; Extends coverage to the named insured for their liability as a member of a joint venture named in the schedule.
RML 306 08 15	ASBESTOS EXCLUSION	Clarifies the intent that there is no coverage for any asbestos exposure.
RML 307 08 15	LEAD EXCLUSION	Clarifies the intent that there is no coverage for any lead exposure.
RML 308 08 15	NON-STACKING OF LIMITS	Clarifies coverage intent when two or more coverage parts or policies are issued by us.
RML 309 08 15	TOXIC SUBSTANCES EXCLUSION	Clarifies the intent that there is no coverage for toxic substances exposure.
RML 310 08 15	GENETIC ENGINEERING EXCLUSION	Clarifies the intent that there is no coverage for genetic engineering exposures; For use on food related risks.
RML 312 08 15	NANOTECHNOLOGY EXCLUSION	Defines Nanotechnology and clarifies the intent that there is no coverage for nanotechnology exposures.
RML 2131 06 15	NOTICE HOW TO REPORT A CLAIM	Provides claim notification procedures and contact info;
RGL 100 06 15	GENERAL LIABILITY DECLARATIONS	Mandatory on all policies Mandatory for the General Liability line of business; Summarizes premiums and coverages
RGL 100 LL 06 15	LIQUOR LIAB DECLARATIONS	Mandatory with Liquor Liability Coverage
RGL 100 OC 06 15	OWNERS AND CONTRACTORS PROFESSIONAL LIABILITY DECLARATIONS	Mandatory with the OCP Liability Coverage Form
RGL 100 RP 06 15	RAILROAD PROTECTIVE LIABILITY DECLARATIONS	Mandatory with the Railroad Protective Liability Form
RGL 110 06 15	GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS	Optional for GL line of business - Provides extra space to list out classes exposures and premium
RGL 2150 06 15	FORMS SCHEDULE - GENERAL LIABILITY	Mandatory with General Liability; Lists all forms that make up the coverage part
RGL 2107 08 15	NOTICE OF CANCELLATION OR NONRENEWAL INCLUDING NONPAYMENT OF PREMIUM - DESIGNATED PERSON OR ORGANIZATION	Insureds Discretion; Provides the designated person or organization with notice in the event of cancellation or non-renewal for any reason including non-payment of premium. A premium is charged due to the increased frequency and shorter notice associated with non-payment.
RGL 2108 08 15	NOTICE OF CANCELLATION OR NONRENEWAL - DESIGNATED PERSON OR ORGANIZATION	Insureds Discretion; Provides the designated person or organization with notice in the event of cancellation or non-renewal
RGL 300 06 15	GENERAL LIABILITY ENHANCEMENT ENDORSEMENT	Insureds Discretion; Provides additional coverage extensions and enhances some of the provisions of the General Liability coverage form.
RGL 302 08 15	EXCLUSION - EARTH MOVEMENT	Clarifies our intent to exclude damages from earth movement when such exposure would otherwise make the risk ineligible.
RGL 303 08 15	LIMITATION OF COVERAGE TO DESIGNATED WORK	Limits coverage to specified operations; For use with residential contractors who may be involved in other operations that would make the risk otherwise ineligible.
RGL 304 08 15	EXCLUSION - SYNTHETIC STUCCO AND OTHER SIDING	Clarifies our intent to exclude operations related to synthetic stucco, spray on or liquid siding when such exposure would otherwise make the risk ineligible.
RGL 305 08 15	LIMITED EXCLUSION - PERSONAL INJURY COVERAGE	Limits exposure to damages as a result of wrongful entry or eviction and invasion of private occupancy; for use with habitational risks including apartments, hotels and dwellings.
RGL 306 08 15	AMENDMENT OF LIMITS - PRODUCTS/COMPLETED OPERATIONS HAZARD FOR MOISTURE RELATED DETERIORATION	Amends the limits provided for moisture related deterioration. For use with contractor risks where there is a higher risk of moisture penetration into the envelope of the building.
RGL 307 08 15	LIMITED EXCLUSION - BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE	If sub does work, exclusion doesn't apply unless it is aggravated by moisture, then the exclusion does apply. For use with contractor risks where there is a higher risk of moisture penetration into the envelope of the building.
RGL 308 08 15	ELECTROMAGNETIC RADIATION EXCLUSION	Clarifies our intent to exclude electromagnetic radiation exposures from electrical lines, equipment or other sources of energy or electricity. For use on policies where the insured is the building owner.



FORM NUMBER	TITLE	SYNOPSIS
RGL 309 08 15	RESIDENTIAL SUBDIVISION / HOUSING TRACT EXCLUSION	Excludes construction defect repair work and limits the number of lots in which a contractor can perform work in subdivisions or housing tracts. Required on all residential contractor risks.
RGL 310 08 15	EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP UP) INSURANCE PROGRAM	Clarifies that when there is a consolidated (wrap up) insurance program in place on a project, this insurance does not apply to damages arising out of products provided or work performed by the insured. Required on all contractor risks. Defines and clarifies our intent to exclude any exposure related to Chinese Drywall or Chinese Gypsum. For use with any contracting risks with drywall or related exposures as well as building material dealers.
RGL 311 08 15	CHINESE DRYWALL AND CHINESE GYPSUM EXCLUSION	Expands the excess insurance provision when the insured is named as an additional insured or contractual indemnitee.
RGL 312 08 15	AMENDMENT OF OTHER INSURANCE - EXCESS PROVISION (CONTRACTS)	Limits coverage for personal and advertising injury by amending the definition in Section V. Replaces exclusions 2.f, 2.i., and 2.j under Coverage B. For use on risks with AI/PI exposure that would otherwise be ineligible.
RGL 313 08 15	PERSONAL & ADVERTISING INJURY DEFINITION - LIMITED	Excludes operations of the insured that are not eligible for coverage or that are otherwise insured elsewhere.
RGL 314 08 15	EXCLUSION - DESIGNATED OPERATIONS	Adds "Professional services" to Section V - Definitions, and adds related exclusions to Section I - Coverages. Clarifies our intent to exclude exposures that are typically covered on a separate Professional Liability policy. For use on risks with some exposure to the specified services, which would otherwise result in ineligibility.
RGL 315 08 15	PROFESSIONAL SERVICES EXCLUSION AND DEFINITION	Insured Discretion; For use with governmental entities added as additional insured. Stipulates that we will not waive defense.
RGL 316 08 15	PRESERVATION OF GOVERNMENTAL IMMUNITY	Clarifies how this policy coverage applies in relation to other insurance. For use on risks with professional services exposures that are typically covered on a separate professional liability policy.
RGL 318 08 15	OTHER INSURANCE ENDORSEMENT FOR PROFESSIONALS	Adds "Professional services" to Section V - Definitions, and adds related exclusions to Section I - Coverages. Clarifies our intent to exclude exposures that are typically covered on a separate Professional Liability policy. For use on OCP or RRP policies with some exposure to the specified services, which would otherwise result in ineligibility.
RGL 319 08 15	PROFESSIONAL SERVICES EXCLUSION AND DEFINITION (OCP/RRP)	Adds Additional Insured's on a blanket, primary and non-contributory basis when required by written contract. Includes Completed Ops and Waiver of Transfer of Rights
RGL 350 06 15	BLANKET ADDITIONAL INSURED - INCLUDING PRODUCTS-COMPLETED OPERATIONS HAZARD	Adds Additional Insured's on a blanket basis. Includes Products-Completed Operations and Waiver of Transfer of Rights.
RGL 351 06 15	BLANKET ADDITIONAL INSURED - BROAD FORM	Adds Additional Insured's on a scheduled basis. Includes Products-Completed Operations and Waiver of Transfer of Rights.
RGL 352 06 15	SCHEDULED ADDITIONAL INSURED - BROAD FORM	Adds Additional Insured's on a primary and non-contributory basis. Includes Products-Completed Operations and Waiver of Transfer of Rights.
RGL 353 08 15	FORM B ADDITIONAL INSURED FOR PROFESSIONALS - ONGOING OPERATIONS - SCHEDULED	Adds Additional Insured's on a scheduled basis with respect to liability arising out of ongoing operations. For use with professional services classifications.
RGL 354 08 15	CONTRACTOR OR OWNER ADDITIONAL INSURED FOR PROFESSIONALS - PRODUCTS/COMPLETED OPERATIONS - SCHEDULED	Adds Additional Insured's on a scheduled basis with respect to liability arising out of completed operations. For use with professional services classifications.
RGL 355 08 15	SCHEDULED CONTRACTOR OR OWNER ADDITIONAL INSURED - SCHEDULED OWNERS, LESSEES OR CONTRACTORS	Provides coverage with respect to liability for ongoing operations performed by the named insured for the additional insured shown in the schedule.
RGL 356 08 15	ADDITIONAL INSURED - SCHEDULED OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS	Provides coverage with respect to liability for completed operations performed by the named insured for the additional insured shown in the schedule.
RGL 357 08 15	AMENDMENT OF INSURED CONTRACT DEFINITION - ADVISORY NOTICE TO POLICYHOLDERS	This notice is to alert insureds that coverage will no longer be provided for tort liability that is assumed under an insured contract unless the insured or someone acting on their behalf contributed in whole or in part to the bodily injury or property damage.
CG P 003 07 04	EXCLUSION - SILICA OR SILICA-RELATED DUST - ADVISORY NOTICE TO POLICYHOLDERS	This notice is to alert insureds that coverage is excluded for bodily injury under Coverage A when related to silica or silica-rated dust.
CG P 006 03 05	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") - ADVISORY NOTICE TO POLICYHOLDERS	This notice advises insureds that if it is determined that the insured has violated U.S. Sanctions law or is a Specially Designated National and Blocked Person, the insurance will be considered a blocked or frozen contract.
IL P 001 01 04	DISTRICT OF COLUMBIA FRAUD STATEMENT	This notice is to advise insureds that fraudulent activities will be considered a criminal acts and subject to fines or imprisonment.
IL N 026 06 09		